

O I P E J C 4 1 2 0 0 2  
AUG 22 2002  
PATENT & TRADEMARK OFFICE

COPY OF PATENT  
ORIGINALLY FILED

PTO/SB/122 (10-00)

Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

2631  
#5  
9/27/02  
DH

# CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

|                        |                  |
|------------------------|------------------|
| Application Number     | 09/771,370       |
| Filing Date            | January 26, 2001 |
| First Named Inventor   | Rives            |
| Group Art Unit         | 2631             |
| Examiner Name          | Unknown          |
| Attorney Docket Number | 72135            |

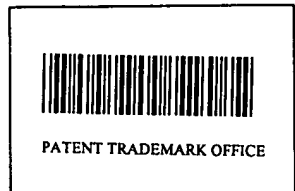
RECEIVED

AUG 23 2002

Technology Center 2600

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 27975  
Type Customer Number here



OR

|  |  |       |     |     |  |
|--|--|-------|-----|-----|--|
| <input type="checkbox"/> Firm or Individual Name |  |       |     |     |  |
| Address  |  |       |     |     |  |
| Address  |  |       |     |     |  |
| City   |  | State |     | ZIP |  |
| Country  |  |       |     |     |  |
| Telephone  |  |       | Fax |     |  |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number .....

|                       |                        |
|-----------------------|------------------------|
| Typed or Printed Name | Charles E. Wands, Esq. |
| Signature             |                        |
| Date                  | August 16, 2002        |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.